ANNUAL FAMILY CHILD CARE QUESTIONNAIRE

help me grow

MARYLAND CHILDCARE RESOURCE NETWORK

> ***Instructions:*** Please answer the following questions regarding your family child care home. If there is information you do not wish to share or you feel does <u>not</u> apply to you, please indicate with a "NR" (not relevant) in the space provided. If you have any questions or concerns about the questionnaire, feel free to call the LOCATE staff at (240)777-1457. Please return the completed questionnaire to MCCCR&RC at 332 west Edmonston Drive, Rockville, MD 20852

PLEASE TYPE OR PRINT

Date _____

1. Name _____

2. Address _____ Community/Development _____

3. City _____ 4. County _____

5. Zip _____ 6. Phone ( ) _____

7. Mailing Address (if different from site address)   Fax ( ) _____

    _____

    _____   E-mail _____

    Website Address: _____

8. Please circle all that apply:
   There is a subway/light rail station near my home.   Yes No
   Name of subway/light rail station_____
   There is a public bus line near my home.   Yes No
   Bus names and numbers_____

9. We are very interested in linking child care providers with the closest public school that the children you care for attend. If you had to choose one school, what is your primary public elementary school and your primary public middle school? (Please answer even if you do not provide school-age care).

    a. Primary public elementary school _____

       Name of public/private elementary schools that you transport to/from _____

    b. Primary public middle school _____

       Name of public/private middle schools that you transport to/from _____

    c. Other schools (public or private) you would like to list _____

10.   a. Please circle all that you provide:
          Before and/or after elementary school care   Yes   No
          Before and/or after middle school care   Yes   No
          Before and/or after preschool program (nursery,   Yes   No
          public pre-kindergarten, part-day, Head Start and Early Head Start)

        b. Please circle all that apply if you offer any before and/or after school care:
          I can walk/drive children to/from: school   Yes   No
                                                 school bus stop   Yes   No
          Children can walk to/from: school   Yes   No
                                         school bus stop   Yes   No

7/09
                    (For Office Use: Map/Coordinates _____)

11.   a. What time do you open?_____Close? _____

   b. Are you willing to adjust the opening and closing hour to accommodate a parent's needs?   Yes   No

12. Please check the days of the week that you are regularly open:
   Sun____   Mon____   Tues____   Wed____   Thurs____   Fri____   Sat____

13. Please circle your answers:

   a. Accept income eligible children who are paid for by the
      Department of Social Services (Child Care Subsidy)   Yes   No

   b. Provide discount when caring for more than one child
      from the same family (Sibling Discount)   Yes   No

   c. Offer sliding fee (fee that is flexible according to the parent's income)   Yes   No

14. a. Do you offer care: _____ Full time?   _____Part-time?   ____Both?
      b. Do you offer infant care: _____ Full time?   _____Part-time?   ____Both?

15. Are you open:
   9 or 10 months (closed in summer) _____   12 months (year-round)   _____
   Summer only _____   During school vacations   _____

16. Please circle yes or no for each of the following schedules. (Please send a copy of your license if you
   offer evening or overnight care. This must be reflected on your license). Do you offer:

   Weekend (on regular basis)   Yes No   Temporary/emergency   Yes   No
   Drop-in care   Yes No   Overnight   Yes   No
   Evening   Yes No   Rotating schedule   Yes   No

17. a. Do you require that all children be toilet trained except where a disability prevents toilet training?
                                                            Yes   No
      b. Will you toilet train or assist with toilet training toddlers except where a disability prevents toilet
      training?   Yes   No

18.   Please circle all that apply to your program:
   CPR trained   Yes   No
   First-Aid trained   Yes   No
   Administer prescribed medicine (with written permission) Yes   No
   Speak more than one language fluently   Yes   No
               If yes, which language(s): _____

19. Please check all that apply to your home:

      apartment/condo   _____   fenced yard   _____
      townhouse   _____   swimming pool   _____
      single family home   _____   pets   _____
      trailer   _____   type of pets: _____
      duplex   _____   _____

         totally smoke-free environment   _____
      or   smoke-free during child care hours   _____
      or   smoke outside during child care hours _____

Enrollment Information

Would you please take a few extra moments to complete the following questions concerning the enrollments in your program? This information, combined with that of other caregivers, will be used to provide an accurate picture of the number of children currently enrolled in regulated child care in Maryland.

20. How many children under 2 years of age do you have currently enrolled in your program? _____

21. How many children ages 2-4 years of age do you have currently enrolled in your program? _____

22. Do you have 5 year olds* enrolled in your program <u>all day, all year</u>?
    These are the 5 year olds who did not make the September 1st kindergarten age cutoff.

           Yes __   If yes, how many? _____   No ___

23. Do you have school age children*, kindergarten and up, in your program? (i.e., before/after school, and/or summer and holidays) *These are the 5 year olds who made the September 1st kindergarten age cutoff.*

           Yes __   If yes, how many? _____   No ___

24. Please check the meals that you provide:

Breakfast	_____	P.M. snack	_____
A.M. snack	_____	Dinner	_____
Lunch	_____	No meals/snacks	_____

25. Does your household accommodate special diets (ex: kosher, vegetarian, severe food allergies)?

           Yes   No   If yes, which ones? _____

26. Please circle Y if your program accepts or N if your program does not accept children of each age. Then complete the chart by listing the fees you charge for the different age groups that you accept.

Age	Accept		Weekly cost for full-time care	Daily cost for Part-time care
6 wks. - 11 mon.	Y	N	$_____ per week	$_____ per day
12 mon. - 23 mon.	Y	N	$_____ per week	$_____ per day
2 years	Y	N	$_____ per week	$_____ per day
3 years	Y	N	$_____ per week	$_____ per day
4 years	Y	N	$_____ per week	$_____ per day
5 years (In child care full-time)	Y	N	$_____ per week	$_____ per day
5 years and older (full time during holidays/summer)	Y	N	$_____ per week	$_____ per day
Before/after preschool	Y	N	$_____ per week	$_____ per day
Before/after school (5 and older)	Y	N	$_____ per week	$_____ per day

Please complete the following chart if you provide evening/overnight care (as reflected on your license) or weekend care. If you do not provide care during these hours, skip to question 27.

Age	Accept		Weekly cost for evening care	Weekly cost for overnight care	Daily cost for weekend care
6 wks. - 11 mon.	Y	N	$_____ per week	$_____ per week	$_____ per day
12 mon. - 23 mon.	Y	N	$_____ per week	$_____ per week	$_____ per day
2 years	Y	N	$_____ per week	$_____ per week	$_____ per day
3 years	Y	N	$_____ per week	$_____ per week	$_____ per day
4 years	Y	N	$_____ per week	$_____ per week	$_____ per day
5 years and older	Y	N	$_____ per week	$_____ per week	$_____ per day

Deposits, Fees and additional information:

27. Do you require a security deposit?   Yes __   If yes, how much? $ _____   No ___

28. Do you require a registration fee?   Yes __   If yes, how much? $ _____   No ___

29. Provide care for up to what age? _____years

30. Are you part of the Child and Adult Care Food Program?   Yes   No

31. Are you a member of your local family child care provider association?   Yes   No

32. Does your program have an emergency preparedness plan?   Yes   No

33. Have you received formal emergency preparedness training for your program?   Yes   No

The information you provide for Questions 34-41 is for statistical purposes only and will not be available as part of your referral information to parents. Your information is combined with the information of other caregivers in order to study trends in the areas of compensation, children's mental health, and computer usage by the child care community.

34. a. What is the current estimated <u>gross</u> income from your business?
      (Indicate your answer on the basis of weekly income <u>or</u> monthly income, whichever is easier):

      Weekly $_____or Monthly $_____

   b. Which of the following benefits do you have? (Check all that apply).

	Yes, Paid by your Family Child Care Business	Yes, through spouse	None
Health Insurance			
Dental Insurance			
Life Insurance			
Other Specify: _____			

35. Do you currently have a child or children with special needs or disabilities enrolled in care?
      Yes ____   If yes, how many? ___   No ___

36. Do you currently have a child or children in care who are receiving early childhood mental health services?
      Yes ____   If yes, how many? ___   No ___   Don't know __

37. Do you currently have a child or children in care who are receiving early intervention services other than mental health services?
      Yes ____   If yes, how many? ___   No ___   Don't know __

38. Have you ever referred a child or children for early intervention services?
      Yes ____   If yes, how many? ___   No ___   Don't know __

39. Have you ever had to terminate the care of a child due to behavior problems?
      Yes ____   If yes, how many? ___   No ___

40. Do you have a working computer? ____Yes   _____ No

41. Do children have access to a computer in your child care program?   _____Yes   _____No

Special Needs Care

42. a. Have you had experience caring for children or adults with disabilities (child care, family and/or community activities)?   Yes   No

   b. If yes, please check which disabilities you have had experience with or knowledge of:

Cognitive

_____ Delayed Development   _____ Mental Retardation
_____ Down Syndrome   _____ Speech/Language Delay
_____ Fragile X   _____ Traumatic Brain
_____ Learning Disabled   Injury

Physical

_____ Athritis   _____ Orthopedic
_____ Cerebral Palsy   _____ Paraplegic
_____ Hearing/Vision Loss   _____ Quadraplegic
_____ Low Muscle Tone   _____ Spina Bifida
_____ Muscular Dystrophy

Medical

_____ Apnea Monitor   _____ Heart Condition
_____ BPD   _____ HIV+/AIDS
_____ Blood/Organ Disorder   _____ Hydrocephalus
_____ Cancer   _____ Lead Poisoning
_____ Colostomy Bags   _____ Prematurity
_____ Cystic Fibrosis   _____ Respiratory
_____ Diabetes   _____ Severe Allergies
_____ Drug Addicted/Exposed   _____ Severe Asthma
      Newborns
_____ Feeding Problems/   _____ Seizure Disorder
      GI Tubes
_____ Genetic Disorder   _____ Trach Tube
_____ George DeLange Syndrome

Social//Emotional

_____ Adjustment Disorder   _____ Emotional
                                           Problems
_____ Asperger Syndrome   _____ Mood Disorder
_____ Attachment Disorder   _____ Obsessive-
                                           Compulsive Disorder
_____ Attention Deficit   _____ ODD (Oppositional
      Disorder   Defiant Disorder)
_____ Attention Deficit   _____ PDD (Pervasive
      Hyperacvtivity Disorder   Development Disorder)
_____ Autism   _____ Post-Traumatic
                                           Stress Disorder
_____ Behavior Problems   _____ Sensory Integration
                                           Dysfunction
_____ Bipolar Disorder   _____ Depression

   c. Please circle all that apply to your program:
        currently wheelchair accessible   Yes   No
        know sign language   Yes   No

Education

43.   Check the highest level of education you have completed (*check only one*):
        _____ Less than High School   _____ Associate Degree   _____ Master Degree

        _____ GED/High School   _____ Bachelor Degree   _____ Doctoral Degree

44. a. Have you completed college level credit courses in Early Childhood Development or Early Childhood Education?   Yes   No
    b. Do you have a college degree in Early Childhood Development or Early Childhood Education?
                                                        Yes   No

45. a. Have you completed college level credit courses in Special Education?
                                                        Yes   No
    b. Do you have a professional teaching certificate in Special Education issued by Maryland State Department of Education?
                                                        Yes   No

46. Is there anything else you would like to share with parents about your program, i.e. training, preschool activities offered, etc.?

_____

_____

_____

_____

_____